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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/622,963	
	Filing Date	July 17, 2003	
	First Named Inventor	Thierry Quillet	
	Group Art Unit	2839	
	Examiner Name	Hae M. Hyeon	
Total Number of Pages in This Submission	17	Attorney Docket Number	229.023

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Replacement Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment /Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Statutory Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 DECLARATION		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David D. Stein, Registration No. 40,828 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C. Customer No: 23598
Signature	<i>David D. Stein</i>
Date	October 25, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <u>October 25, 2004</u>			
Type or printed name	Dawn M. Oleszak		
Signature	<i>Dawn M. Oleszak</i>	Date	October 25, 2004

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FEE TRANSMITTAL
for FY 2004

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$482.00)****Complete if Known**

Application Number	10/622,963
Filing Date	July 17, 2003
First Named Inventor	Thierry Quillet
Examiner Name	Hae M. Hyeon
Group Art Unit	2839
Attorney Docket No.	229.023

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit AccountDeposit
Account
Number

50-1170

Deposit
Account
Name

Boyle, Fredrickson, Newholm, Stein & Gratz S.C.

The Commissioner is authorized to: (check all that apply)☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity			Fee Paid
Fee Code	Fee	Fee Code	Fee		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	110.00
116	430	216	215	Extension for reply within second month	
117	980	217	490	Extension for reply within third month	
118	1,530	218	765	Extension for reply within fourth month	
128	2,080	228	1,040	Extension for reply within fifth month	
119	340	219	170	Notice of Appeal	
120	340	220	170	Filing a brief in support of an appeal	
121	300	221	150	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,370	241	685	Petition to revive - unintentional	
142	1,370	242	685	Utility issue fee (or reissue)	
143	490	243	245	Design issue fee	
144	660	244	330	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR § 1.129(b))	
179	790	279	395	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	790	201	395	Utility filing fee	
106	350	206	175	Design filing fee	
107	550	207	275	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$0)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
26	-20**= 6	X 18.00	= 108.00
7	-4**= 3	X 88.00	= 264.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	88	202	44	Independent claims in excess of 3
104	300	204	150	Multiple dependent claim, if not paid
109	88	209	44	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$372.00)

** or number previously paid, if greater; For Reissues, see above

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)**(\$110.00)****SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	David D. Stein	Registration No. (Attorney/Agent)	40,828	Telephone	414-225-9755
Signature	<i>David D. Stein</i>	Date	10/25/2004		

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